

## Foster Family Home - Corrective Action Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-3

94-440 Kahualena Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/5/2019

Foster Family Home

Required Certificate

[11-800-6]

6 (d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN  
Compliance Manager

[Signature]  
Primary Care Giver

12/5/19

Date

12/5/19

Date